

<DATE>

<CASE NAME>

<ADDRESS>

<CITY><STATE><ZIP>

This is your open enrollment notice. Open enrollment is your chance to change your managed care plan for any reason.

Call by <DATE> if you want to change your managed care plan. **If you are satisfied with the services of your current plan, do nothing.** If you don't call, you will stay with the plan you are in now. After <DATE> you will not be able to change plans until next open enrollment unless approved by the Department of Medical Assistance Services.

If you have any questions about this letter or if you want to change plans, call your **Managed Care Helpline at 1-800-643-2273, Monday – Friday 8:30 a.m. – 6:00 p.m.**

NAME

<Recipient Name>

RECIPIENT ID#

<12-Digit Recipient ID #>

A monthly premium is paid by the Virginia Medicaid program to your MCO for your coverage. If you are found to be ineligible for prior months of coverage due to your failure to report truthful information or changes in your circumstances to your worker, you may have to repay these monthly premiums, even if you received no medical services during those months.